

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE: FIRST: MI
Oscar R.

NICKNAME: LAST: SUFFIX

Salinas

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY, STATE, ZIP CODE

10650 Culebra Rd. #104-232,
San Antonio, Texas 78251

3 TELEPHONE
NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

[REDACTED]

OFFICE USE ONLY

Date Received

ENTERED

FEB 12 2026

COUNTY AUDITORS

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 REASON
FOR FILING
STATEMENT



CANDIDATE

Bexar County District Attorney

(INDICATE OFFICE)



ELECTED OFFICER

(INDICATE OFFICE)



APPOINTED OFFICER

(INDICATE AGENCY)



EXECUTIVE HEAD

(INDICATE AGENCY)



FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT



STATE PARTY CHAIR

(INDICATE PARTY)



OTHER

(INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE

DEPENDENT CHILD 1.

2.

3.

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☒ N/A Part 1A - Sources of Occupational Income
- ☐ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☒ N/A Part 6 - Personal Notes and Lease Agreements
- ☒ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☐ N/A Part 8 - Gifts
- ☐ N/A Part 9 - Trust Income
- ☐ N/A Part 10A - Blind Trusts
- ☐ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Ownership of Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☐ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☐ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☐ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☐ N/A Part 16 - Representation by Legislator Before State Agency
- ☐ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☐ N/A Part 18 - Legislative Continuances
- ☐ N/A Part 19 - Contracts with Governmental Entity
- ☐ N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Bexar County District Attorney's Office, 101 W. Nueva St., San Antonio, Texas, 78205 Attorney/Prosecutor
 ☐ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD 
 ☐ SELF-EMPLOYED	NATURE OF OCCUPATION
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
 ☐ SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME			
	MMEX			
2 STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
3 NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
4 IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY				
NAME				
VOO				
STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY				
NAME				
VOOG				
STOCK HELD OR ACQUIRED BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY				
NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE
BUSINESS ENTITY				
NAME				
STOCK HELD OR ACQUIRED BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☐ LESS THAN 100	☐ 100 TO 499	☐ 500 TO 999	☐ 1,000 TO 4,999
	☐ 5,000 TO 9,999	☐ 10,000 OR MORE		
IF SOLD	☐ NET GAIN			
	☐ NET LOSS			
	☐ LESS THAN \$11,120	☐ \$11,120 - \$22,239	☐ \$22,240 - \$55,609	☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER**PART 3**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 DESCRIPTION OF INSTRUMENT	Individual 529 plan - College Savings- Fidelity
2 HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS**PART 4**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME <i>Fidelity Government Cash Reserves</i>
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
MUTUAL FUND	NAME <i>Fidelity Government Money Market Fund</i>
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
MUTUAL FUND	NAME
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than* \$2,220 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Apple Card
2 LIABILITY OF	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☒ \$2,220–\$11,119 ☐ \$11,120–\$22,239 ☐ \$22,240–\$55,609 ☐ \$55,610 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo
LIABILITY OF	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☒ \$2,220–\$11,119 ☐ \$11,120–\$22,239 ☐ \$22,240–\$55,609 ☐ \$55,610 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	PNC Mortgage Company
LIABILITY OF	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ \$2,220–\$11,119 ☐ \$11,120–\$22,239 ☐ \$22,420–\$55,609 ☒ \$55,610 OR MORE

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PERSONAL NOTES AND LEASE AGREEMENTS**PART 6**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than* \$2,220 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS—INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capital One Auto
2 LIABILITY OF	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	☐ \$2,220--\$11,119 ☐ \$11,120--\$22,239 ☒ \$22,240--\$55,609 ☐ \$55,610 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ \$2,220--\$11,119 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	☐ \$2,220--\$11,119 ☐ \$11,120--\$22,239 ☐ \$22,420--\$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
2 STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]
3 DESCRIPTION ☐ LOTS ☒ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED [REDACTED]
4 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	PNC Mortgage Company
5 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
STREET ADDRESS ☐ NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION ☐ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

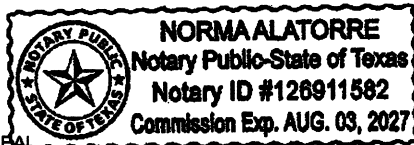
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Oscar Salinas this the 12th day of February, 2026, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Norma Alatorre
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Registrant (Declarant)